

**Woodrow Wilson Rehabilitation Center
Fishersville, VA 22939-1500**

PEER MEDIATOR REFERRAL FORM

Today's Date: _____

Time of Day: _____

Who are the persons in conflict?

Student #1 Name: _____
(Please PRINT)

Student #2 Name: _____
(Please PRINT)

What type of conflict is it?

- _____ Argument
- _____ Name calling/Teasing
- _____ Boyfriend/Girlfriend
- _____ Rumor
- _____ Peer group problems
- _____ Property ownership problem
- _____ Misunderstanding
- _____ Other _____

Briefly describe the problem: _____

Print Your Name Here (your name will be kept confidential)

I am a _____ **STUDENT** _____ **STAFF**